

NARCOTICS

Narcotics includes all incidents in which the police made an arrest, complaint, or warrant for the possession or distribution of illegal narcotics. Narcotics statistics do not include all instances of narcotics use or distribution; they only reflect those cases that are known to the police.

119 reported in 2002 • 121 reported in 2003

The Cambridge Police Department's Special Investigations Unit continually investigates drugs and vice activity within the City. The unit has adopted strategic planning methods to alleviate the burdens bestowed upon society by the culture of drug abuse and addiction. The goal of the unit is to target street level dealers to get to the suppliers, and fight the problem at its root level: on the streets, where the public is most exposed and affected.

The chart below shows that drug arrests were concentrated in the mid-section of the City. The Area 4 neighborhood reported the most incidents, followed by the Inman/Harrington and East Cambridge neighborhoods. In total, 131 incidents were reported in 2003, and 121 arrests were made.

GEOGRAPHIC BREAKDOWN OF DRUG ARRESTS

AREA	2001	2002	2003	% OF TOTAL
East Cambridge	15	12	20	16.5%
M.I.T. Area	2	4	1	0.8%
Inman/Harrington	17	5	21	17.4%
Area 4	27	23	24	19.8%
Cambridgeport	12	16	16	13.2%
Mid-Cambridge	15	16	5	4.1%
Riverside	20	15	15	12.4%
Agassiz	0	2	1	0.8%
Peabody	10	3	6	5.0%
West Cambridge	10	9	3	2.5%
North Cambridge	11	10	6	5.0%
Cambridge Highlands	6	1	1	0.8%
Strawberry Hill	0	3	2	1.6%

When evaluating statistics for drug arrests, it is important to keep in mind that the numbers reflect only arrests or complaints, and do not include all incidents of drug use in a particular area. It is impossible to discern how many times an individual uses or possesses narcotics during any given time period. The Cambridge Police Department can only report incidents that are known to the police; these constitute only incidents in which a Cambridge police officer makes an arrest. Therefore, an increase in the number of drug arrests in a particular area should not necessarily be viewed as a negative.

DRUG ARREST SCENARIOS

There are several means by which a drug arrest develops. Six different scenarios played a role in drug arrests during 2003: (Please note that drug arrests can fall under multiple categories)

1. The Cambridge Police Special Investigations Unit initiates an investigation, resulting in an arrest, based on information from an informant or from the observations of Unit members: **66 cases**
2. An arrest for another crime, such as disorderly conduct, becomes a drug arrest when the arresting or booking officer finds narcotics on the arrested person: **16 cases** (since this scenario sometimes occurs at the Cambridge Police station itself, it can inflate the statistic for Riverside, the neighborhood in which the Cambridge Police Department is located, by about five reports a year)
3. A motor vehicle stop becomes a drug arrest when the officer notices narcotics in the car: **12 cases**
4. A police officer witnesses suspicious activity on the street, conducts an inquiry resulting in a drug arrest: **23 cases**
5. A citizen witnesses a person or persons using drugs and complains to the police; police are able to verify the claim through their own observation: **8 cases**
6. A Cambridge school official seeks a complaint based on evidence found in a school locker or on a student: **2 cases**

CATEGORICAL BREAKDOWN OF DRUG ARRESTS

Narcotic	Possession	Possession w/ Distribute	Sale/ Trafficking
Heroin	8	13	2
Crack Cocaine	7	10	2
Cocaine	5	8	6
Marijuana	33	20	1
Hallucinogens	1	0	0
Prescription Drugs	2	1	1
Hypo. Needle	3	0	0
Forged Prescription	0	0	0

Know Your Narcotics

Note: The following information was gathered from the following sources: <http://www.drugfreeamerica.com>; Massachusetts Drug Threat Assessment, published by the National Drug Intelligence Center of the U.S. Department of Justice; <http://www.erowid.org>; <http://www.gazettenet.com/12192002/news/2941.htm>; and http://www.townonline.com/Lincoln/news/local_regional/lin_newljdrugs12242002.htm

Heroin

AKA: *dope, smack, horse, Jude, brown sugar, junk, black tar*



Heroin is a highly addictive drug derived from morphine, which is obtained from the opium poppy. It is a "downer" that affects the brain's pleasure systems and interferes with the ability to feel pain. Heroin can be used in many ways, depending on user preference and drug purity. Heroin is fast acting, especially when injected or smoked. Injected heroin reaches the brain in 15 to 30 seconds; smoked heroin in 7 seconds. The high from heroin is experienced as intense pleasure. Once a person begins using heroin, they quickly develop a tolerance to the drug and need more and more to get the same effects.

Epidemiologists agree that heroin is the most under-reported drug in terms of usage and that any usage statistics are unreliable. Estimates range from 428,000 past-year users (National Household Survey, 1995) to 600,000 past week heroin users (Office of National Drug Control Policy). On the other hand, some experts estimate that as many as 2 to 3 million people in the United States use heroin recreationally. In 1980 the average bag of street heroin was 4% pure; the average bag today is 40% pure and can be as pure as 70%. Increased purity results in snorting and smoking rather than injecting. Sellers cut heroin for injectors and for inhalers differently.

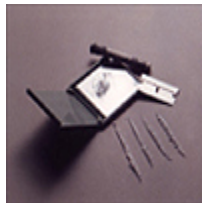
Heroin use in the state has risen sharply over the last decade, particularly among young men ages 18-24, who are buying cheaper and purer forms of the drug. "We'd be fooling ourselves to think there isn't some use in suburbia," said Lincoln Police Lt. Kevin Mooney. "It has no barrier as far as culture or wealth or anything like that." The numbers support this assertion: 37,399 addicts were admitted to publicly funded facilities for heroin in 2001, a 25% increase from the previous year. Only 4,344 cocaine addicts and 3,299 marijuana addicts were admitted to such facilities in 2001, and both of those numbers represented decreases from the previous year. The United States Department of Justice's Drug Threat Assessment update for the commonwealth warns that "heroin...poses the most serious drug threat to the state."

The Statistical Truth

- In fiscal year 2002, 37 percent of people entering detox programs reported heroin as the primary drug for which they were seeking treatment.
- About 42 percent of people entering public drug treatment programs in 2002 reported using heroin in the last 12 months, up from 19 percent a decade ago. Between 1996 and 2001, rates of opioid-related hospitalizations rose 74 percent, including an alarming 230 percent rise among 15 to 24-year-olds and a 150 percent rise among 45 to 54-year-olds. Opioids include heroin, Oxycontin, Codeine and Demerol.
- Overall, opioid-related deaths, including deaths from heroin use, jumped 286 percent from 1990 to 2000. Death rates were highest among 35 to 44 year olds, whose fatality rates have risen 164 percent between 1990 and 1998.
- Officials said 363 people died from opioid abuse in 2000, up from 94 deaths in 1990. The total number of hospitalizations has also jumped, from 9,516 in 1994 to 14,530 in 2001.
- Heroin use is exacerbating the AIDS and HIV epidemic, and the spread of Hepatitis C. Infected needles used to inject heroin are a leading factor in the spread of the diseases. About 13,780 people in the state are living with HIV or AIDS, an all-time high, officials say.
- Emergency departments are seeing some of heroin's effects. Emergency rooms in the Boston metro area reported a 69 percent increase in heroin-related cases between 1994 and 2001. Heroin/morphine was a factor in 195 of the 374 drug deaths in the Boston metropolitan area in 2001.

Cocaine & Crack Cocaine

AKA: coke, snow, nose candy, flake, blow, big C, lady white, snowbirds, Scar face special, (**crack only**) rock, freebase, Manhattan marble



Cocaine is a drug extracted from the leaves of the coca plant. It is a potent brain stimulant and one of the most powerfully addictive drugs. Cocaine is distributed on the street in two main forms: cocaine hydrochloride is a white crystalline powder that can be snorted or dissolved in water and injected; and "crack" is cocaine hydrochloride that has been processed with ammonia or sodium bicarbonate (baking soda) and water into a freebase cocaine. These chips, chunks, or rocks can be smoked.

Cocaine may be used occasionally, daily, or in a variety of compulsive, repeated-use "binges." Regardless of how it is used, cocaine is highly addictive. Crack cocaine and injected cocaine reach the brain quickly and bring an intense and immediate high. Snorted cocaine produces a high more slowly.

Cocaine can produce a surge in energy, a feeling of intense pleasure, and increased confidence. The effects of powder cocaine last about 20 minutes, while the effects of "crack" last about 12 minutes. Heavy use of cocaine may produce hallucinations, paranoia, aggression, insomnia, and depression. Cocaine's effects are short lived, and once the drug leaves the brain, the user experiences a "coke crash" that includes depression, irritability, and fatigue; and long term effects include heart problems, respiratory problems, sleep and appetite problems, and harm to developing children if used by a pregnant woman.

The number of regular cocaine users has declined by 75% since 1986. In 1995, according to the National Household Survey on Drug Abuse, an estimated 1.45 million Americans were current cocaine users; that is, they had used cocaine at least once in the past month. Of that number, an estimated one-half million were current crack users. As in the past, the rate of current cocaine use was highest among young adults. In 1995, approximately 54% of current cocaine users were aged between 18 and 34.

Cocaine Price and Purity, Massachusetts

Type	Amount	Price Range	Purity Range (%)
Powdered	Kilogram	\$24K-\$32K	90
	1/8 Kilogram	\$3K-\$4K	80
	Ounce	\$800-\$1.2K	80
	1/2 Ounce	\$450-\$700	N/A
	1/8 Ounce	\$100-\$275	N/A
	Gram	\$50-\$100	50
	Bag	\$10-\$100	20-50
Crack	Ounce	\$850-\$1.6K	80-90
	Vial/rock	\$10-\$50	60-80

Other Dangerous Drugs

After heroin, cocaine, and marijuana, the most significant drug threats in Massachusetts are MDMA (Ecstasy) and diverted prescription drugs. Seizures of MDMA have risen sharply over the past year. Many distributors are finding that they can derive large profits with little risk by selling the drug to young users at colleges, nightclubs, and “raves,” all-night underground dance parties frequented by teens and college students. Pharmaceutical stimulants and depressants are also widely available, and hallucinogenic drugs and steroids are popular among certain user groups.

Designer Drugs

Designer drugs are a class of drugs often associated with “raves.” Designer drugs are modifications of restricted drugs, made by underground chemists in order to create street drugs that are not specifically listed as controlled (i.e., restricted) substances by the Drug Enforcement Administration. Changing the molecular structure of an existing drug or drugs to create a new substance, like Ecstasy, creates a designer drug. The street names of designer drugs vary according to time, place, and manufacturer. Because unlicensed and untrained amateurs create designer drugs in clandestine laboratories, they can be extremely dangerous. In many cases, the designer drugs are more dangerous and more potent than the original drug.

The pharmaceutical drug, fentanyl, was originally created for anesthesia during surgeries. Designer drugs derived from fentanyl are extremely potent and have a strong potential for overdose. They have been associated with hundreds of unintentional deaths in the United States. They are also short lived, about 30 to 90 minutes. Increasingly the drug is sniffed or smoked, in part to avoid getting HIV via infected needles. The respiratory paralysis that may occur is so sudden after drug administration that often victims who injected the drug are found with the needle still in their arm.

Ecstasy pills come in many different shapes and sizes, the following are examples of pills confiscated by law enforcement:



OxyContin



OxyContin (oxycodone HCl controlled-release) is the brand name for an opioid analgesic - a narcotic. Oxycodone is the narcotic ingredient found in Percocet (oxycodone and acetaminophen) and Percodan (oxycodone and aspirin). OxyContin is used to treat pain that is associated with arthritis, lower back conditions, injuries, and cancer. OxyContin is available by prescription only. It is approved for the treatment of moderate to severe pain that requires treatment for more than a few days.

OxyContin is available in tablet form in 5 doses: 10, 20, 40, 80, and 160mg. (However, the manufacturer is no longer shipping 160mg). OxyContin sells on the illegal drug market for up to \$1 per milligram. Oxycontin abusers remove the sustained-release coating to get a rush of euphoria similar to heroin. They chew the tabs, crush them for snorting, or boil the powder for injection. The most serious risk associated with opioids, including OxyContin, is respiratory depression. Common opioid side effects are constipation, nausea, sedation, dizziness, vomiting, headache, dry mouth, sweating, and weakness. OxyContin is oxycodone in a sustained release form and that is why the tablet should not be broken. Taking broken, chewed, or crushed tablets could lead to the rapid release and absorption of a potentially toxic dose of oxycodone. The year 2001 saw a large increase in the number of deaths related to narcotic analgesics such as Oxycontin – 206, up from 118 in 2000.

In 2001 and 2002, there was a surge in robberies of pharmacies carrying OxyContin in Massachusetts. These robberies came in two distinct waves. The first wave of robberies was committed by organized bandits, who were willing to chance getting caught in order to reap the benefits of the high price that the drug demands on the street and its powerfully addictive high. The second wave revealed a new kind of OxyContin robber: the dealer-junkie. Since first-time addicts soon develop higher tolerances, they soon require larger dosages for the same high. In many cases, habits like these can cost more than \$1,000 a week. Since many addicts cannot afford such an expensive high, many have gone back to heroin, which is much cheaper at \$4 a bag, and is easier to get on the street. There is so much money to make with OxyContin, that stealing and selling the drug has become irresistible to dealers and addicts who can get their hands on it. As a result, many pharmacies in the area have stopped stocking the drug in order to deter robbers.

Diverted Pharmaceutical Prices, Massachusetts, 2000

<u>Drug</u>	<u>Amount</u>	<u>Price Range</u>
Dilaudid	4 mg	\$40
Duragesic	Gram	\$5
Hycodan	Ounce	\$10
Tussionex		
Klonopin	2 mg	\$3-\$5
Methadone	Dosage Unit	\$10-\$20
MS Contin	20 mg	\$20
Percodan	10 mg	\$6
Percocet		
Tylox		
Ritalin	Dosage Unit	\$4-\$6
Tylenol No. 4	Dosage Unit	\$3-\$4
Valium	Gram	\$4
Vicodin ES	Dosage Unit	\$3
Xanax	1 mg	\$3
	2 mg	\$5
LSD	Hit	\$5
	Sheet	\$200
PCP	Dosage Unit	\$50
	Ounce	\$500-\$1200
MDMA	Dosage Unit	\$7-\$15

**Drug Tip Hotline
617-349-3359**

The Special Investigations Unit employs an anonymous Drug Tip Hotline to gain intelligence information from the community. Generally, you will be greeted by a taped message instructing you to leave very detailed information. Vital information will include location of incident, any vehicle description, and a description of the person(s) involved. You do not have to provide any personal information and all information is held in the strictest of confidence.